

**Remarks**

Claims 1-8 are pending in the application. All claims stand rejected by the Office Action dated October 4, 2005. Entry of amendments to claim 1 is respectfully requested. Support for determinant levels is found throughout the specification. The language for a systematic pre-scripted interrogation including a medium readable by a dispatcher is supported by Figure 2-7 and the accompanying text. Entry of claims 9, 10, and 11 to provide claim coverage commensurate with the scope of the invention is respectfully requested. Claim 9 is supported by Figures 2 and 3 and the accompanying text. Claim 10 is supported by Figure 4a and the accompanying text. Claim 11 is supported by the discussion of sub-levels on pages 11 and 12 of the pending application.

Claims 1-8 are rejected under 35 U.S.C. § 103(a) as unpatentable over U.S. Pat. No. 4,237,344 to Moore ("Moore"), further in view of Official Notice. Reconsideration of all pending claims in view of the amendments and the following remarks is respectfully requested.

**Moore Does Not Teach Pre-Established Determinant Levels**

Claim 1 recites assigning one of a plurality of pre-established determinant levels. Having pre-established determinant levels provides uniformity and consistency in medical dispatch. Moore teaches that based on the patient's medical profile and the location of health care personnel on a given floor, an informed decision on the degree of medical response required and the appropriate responding personnel may be made. Column 3, lines 59-67. Moore does not teach pre-

established determinant levels. Making an informed decision on the degree of medical response is not assigning a pre-established determinant level. A pre-established determinant level carries significance and definition that is readily conveyed to medical dispatchers to facilitate the process. Making an informed decision on a medical response does not teach or fairly suggest that a pre-established determinant level is invoked.

In medical dispatch, uniformity, consistency, and time are critical factors. By invoking a pre-established determinant level, a responder understands the urgency without undue explanation. This is not taught in Moore. There is no determinant level or other code that is used to convey the urgency of the situation. Moore only teaches that an informed decision may be made on a medical response.

#### Moore Does Not Teach Post Dispatch Instructions To A Caller

Claim 1 recites "providing post dispatch instructions to a caller, prior to the arrival of the responders to prepare the patient for the responders and to expedite the field responders' work, based on said determinant level." For this teaching, the Office Action cites column 10, lines 6-17 of Moore which teaches that a medical staff member can "effect further communication with the health care coordinator through the telephone handset 19 or the intercom 23 in the patient's room." However, claim 1 recites that post dispatch instructions are provided to the caller prior to the arrival of the responders. The cited passage of Moore teaches medical staff communication with the health care coordinator after the medical staff has arrived. Post dispatch

communication between medical staff and the health care coordinator does not satisfy the claimed limitation.

The Office Action further cites Moore col. 3, lines 49-66 for teaching the limitation of providing post dispatch instructions to a caller, prior to the arrival of the responders to prepare the patient for the responders. Applicant, however, respectfully submits that the above claim language is not found in the cited passage of Moore.

Moore in col. 3, lines 49-66, reads:

Upon receipt of the patient's signal in a particular mode, the health care coordinator is provided with means for visually displaying the patient's medical profile from a storage device at the central console. Various types of storage and retrieval techniques may be utilized for this feature, the most common being a computer storage and retrieval device wherein the health care coordinator can access a computer with a predetermined patient identity code to visually display the patient's profile on a screen.

The health care coordinator, upon receipt of the patient's signal, having reviewed the patient's medical profile, and by knowing the location of health care personnel on a given floor, or in proximity with the calling patient, can accurately and precisely make an informed decision on the degree of medical response required and the appropriate responding personnel and communicate that decision to the desired personnel.

This passage of Moore discloses nothing more than to communicate to "desired personnel" a "degree of medical response required" after review of a patient's profile. There is no teaching of providing post dispatch instructions to a caller as this cited passage is the dispatch itself. Also in contrast with Moore, claim 1 cites that the post dispatch instructions are to "a caller" (i.e., a patient or a patient's rescuer) to prepare for the responder and to expedite the responder's work. The caller is not the responder. A dispatch call to medical staff in a hospital is not

providing post dispatch instructions to a caller. This limitation is not taught in Moore, and reconsideration is respectfully requested.

The Office Action provides an example on page 5 of a "patient/caller [ ] calling in with a deep cut or wound, [wherein] the emergency medical dispatch or health care coordinator could inform him or her to apply pressure to the area until help arrives." This example does not appear in Moore, and Moore provides absolutely no teaching of providing post dispatch instructions to a patient/caller before the arrival of responders. This follows as Moore teaches that patients are already in rooms within a health care facility. The patient's profile is already known as is their location. An admitted patient confined to a hospital room will not likely be subjected to unknown medical emergencies. Rather, the patient's emergency will be related to the patient's condition and reasons for admission. Moore teaches that medical staff responders are on the same floor or in close proximity to the patient. Column 3, lines 62-63. A medical staff coordinator will not provide post dispatch instructions to an admitted patient where the responders are around the corner or down the hall. The response will be immediate. Moore does not contemplate or teach post dispatch instructions as they are not reasonably required.

A medical emergency occurring outside a medical facility may require several minutes, and perhaps even longer, before responder's arrive. In such a situation where the patient is outside of a health care facility without any medical personnel available, post dispatch instructions are quite valuable. Reconsideration is respectfully requested.

Official Notice Of Using Pre-Scripted Interrogation And Preprogrammed Inquiries Is Respectfully Traversed

Claim 1 recites the systematic pre-scripted interrogation of callers and a logical process having a plurality of preprogrammed inquiries. In response to the limitation of systematic pre-scripted interrogation of callers, the Office Action takes Official Notice of pre-screening through means of a questionnaire in a triage area. The Applicant traverses the taking of Official Notice. It is not well known prior to the priority date of the application for an emergency care responder, in triage or otherwise, to proceed through a systematic pre-scripted interrogation. Rather, a responder in triage makes visual observations about the patient and asks non-uniform unscripted questions. The responder does not follow a set script of interrogations.

A well known disadvantage of prior art methods is the lack of consistency and uniformity in the questions. In triage, a patient will not receive a pre-scripted interrogation. Rather, triage responders recite basic questions from memory, and the questions vary depending on the responder. A triage area does not include a pre-scripted interrogation of patients as emergency care responders ask common questions without uniformity, guided by their observations and instincts. The Applicant submits that systematic pre-scripted interrogation of callers is not well known in the art.

Official Notice to make rejections "should be judiciously applied," and although it may be relied on without documentary evidence in some circumstances, "these

circumstances should be rare when an application is under final rejection." MPEP § 2144.03. In addition, "notice of facts beyond the record which may be taken by the examiner must be 'capable of such instant and unquestionable demonstration as to defy dispute,'" and the "technical reasoning underlying a decision to take such notice must be clear and unmistakable." *Id.* The facts taken as Official Notice do not comply with these requirements.

Moore and Official Notice Do Not Teach a Systematic Pre-scripted Interrogation Including a Medium Readable By a Dispatcher

As discussed above, Moore and Official Notice do not teach a systematic pre-scripted interrogation. The cited reference and Official Notice further does not teach a medium readable by a dispatcher that is included within the pre-scripted interrogation. There is no teaching or suggestion of a the health care coordinator in Moore reading a script from flip cards, notes, a computer screen or other medium. In Moore, the health care coordinator is provided with means to display the patient's profile. Moore does not disclose a medium that displays a pre-scripted interrogation.

"To establish a prima facie obviousness of a claimed invention, all the claim limitations must be taught or suggested by the prior art." MPEP § 2143.03. As Moore does not teach or suggest assigning pre-established determinant levels, "providing post dispatch instructions to a caller, prior to the arrival of the responders to prepare the patient for the responders and to expedite the field responders' work,"

or a pre-scripted interrogation including a readable medium, the applicant respectfully submits that claim 1 is patentably distinct over Moore.


Claims 2-11 are patentably distinct by virtue of their depending from claim 1. Furthermore, claim 9 recites that the medium includes a flip card apparatus which is not taught in Moore. Claim 10 recites that the medium includes software that is operated on a computer system, which is not taught by Moore. Claim 11 recites that each determinant level includes a sublevel, which is not taught by Moore.

In view of the foregoing, claims 1-11 represent patentable subject matter. A Notice of Allowance is respectfully requested.

Respectfully submitted,

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